

Three Cherries to Happiness: Problem Gambling in Older Adults

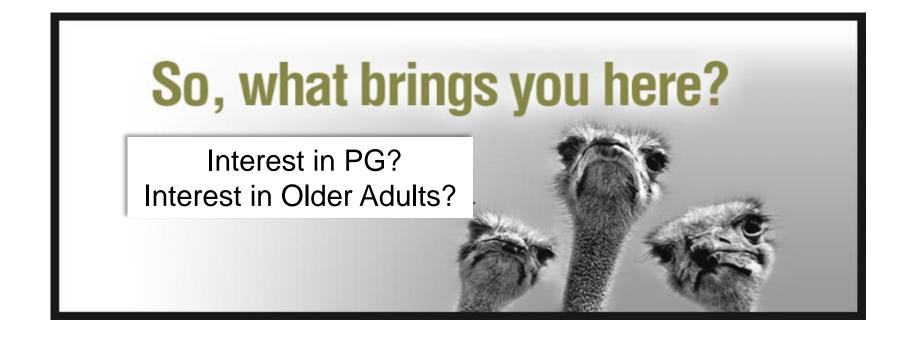
Patricia L. Bach, PsyD, RN 2017 Problem Gambling Training Summit March 7, 2017

Disclosure

I have no conflicts of interest to report.

Learning Objectives

- 1.) Describe the "big picture" of late onset problem gambling (PG) among older adults.
- 2.) Discuss biological, psychological, social & cultural factors which may contribute to the development and exacerbation of late onset problem gambling (PG) among older adults.
- 3.) Describe intervention strategies and identify salient resources which may be utilized in treating older adults with late onset problem gambling (PG) behavior.

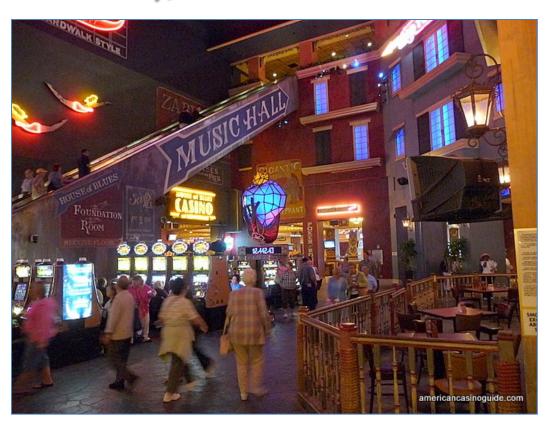


Showboat Casino

- Atlantic City, NJ -







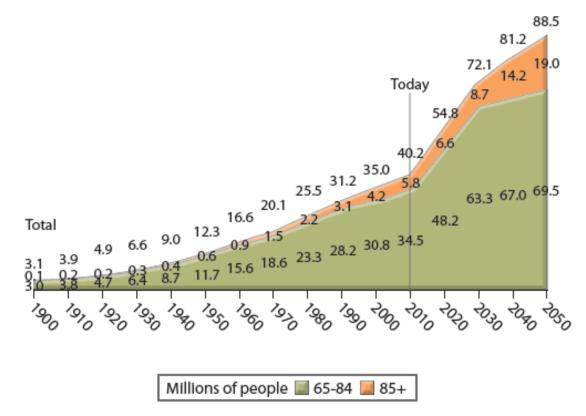
Seniors & PG - Important Topic

- Increased gambling opportunities
- Increased marketing to seniors .. Some say predatory
- Vulnerable to compulsive gambling
- Compulsive gambling -> life altering issue
- Society & the Silver Tsunami
- Demographic shift of baby boomers

Demographic Shift

Figure 1: U.S. Population Age 65 and Over

From 1900 to 2050



"Boomer Nation"

36 million (12%*) 2003 72 million (20%*) 2030

Differences in:

- Values
- Behavior
- Role of family
- Caregiver availability
- Expectations for QOL

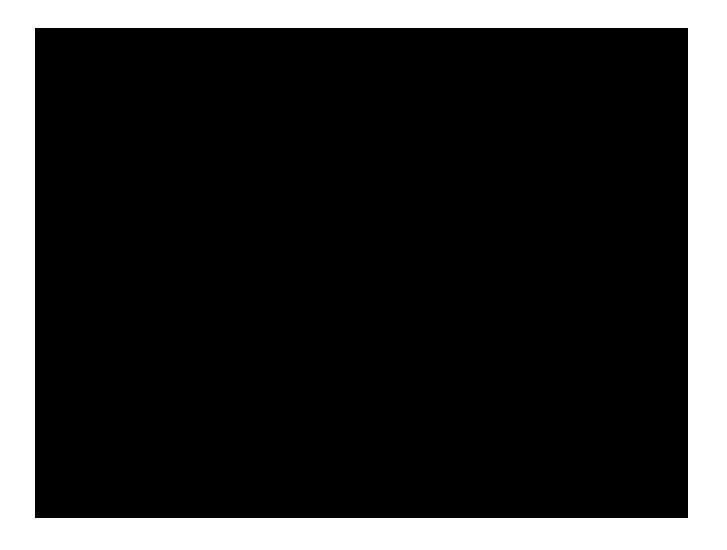
Source: U.S. Census Bureau

* US population

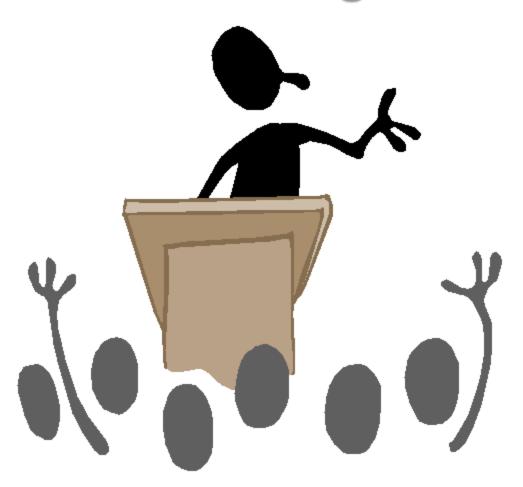
Media as Lens on Our Values



16x9 - The Betting Years: Casinos exploiting seniors?



Your Thoughts?



 $\underline{http://webclipart.about.com/gi/dynamic/offsite.htm?site=http://www.bitbetter.com/sales.htm}$



How Would You Describe the Profile of an Older Adult Problem Gambler?

No "One Size Fits All Profile" of Adult Problem Gamblers

- In general ...
 - Fewer resources
 - Less social support
 - Less mobility
 - Higher levels of mental & physical challenges

Older Adult Problem Gamblers

- Likelihood of increased casino patronage:
 - "Young-Old" ages 60-74
 - Lower levels of education & income
 - Single or widowed
 - More mental health issues & few strong support networks
 - No independent transportation
- Higher rates of problem gambling in special populations:
 - Women & patrons of casino bus trips
 - Senior center residents and/or those attending bingo halls
 - Ethnic minorities & veterans
 - Individuals with disabilities

Gambling Prevalence

- National prevalence studies (1975, 2001)
 - 1975 prevalence study: 35% of adults <u>> 65</u> yrs. gambled in their lifetime
 - 1990's spread of legalized gambling coincided with increasing participation in gambling activities by older adults
 - 2001 past year and lifetime gaming rates both showed dramatic increases

Age > 61:

- 69% reported gambling in the past year
- 10 % reported gambling frequently
- 1.2% problem/disordered gambling rate

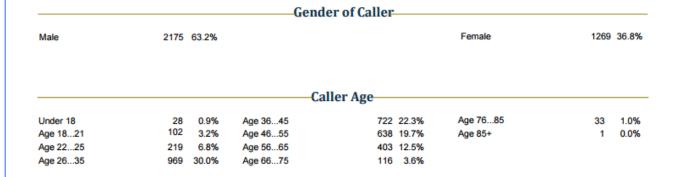
Gambling Prevalence: Methodological Issues

- Proportion of problem & disordered gambling varies due to differences in
 - Measures, classification schemes, sampling strategies, age thresholds ... Lots of variability
 - No one definitive source re prevalence rates among older adults ...
 - BUT...
 - National Epidemiologic Survey on Alcohol & Related Conditions (2007) indicated
 - 29% older gamblers = recreational
 - 0.3% problem gamblers

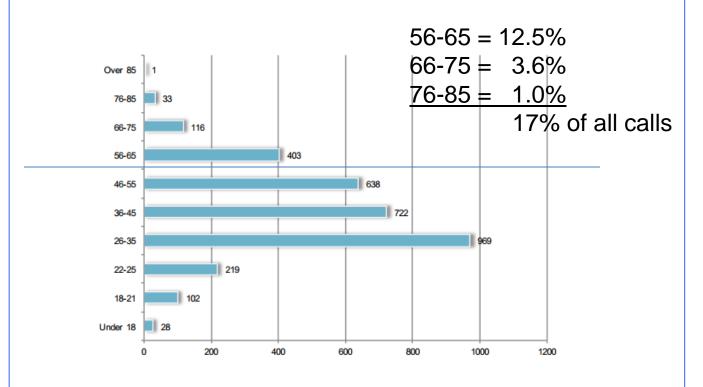
In Contrast.. Primary Care & PG

- 843 Seniors <u>></u> 65 yrs screened in primary care clinic for health,
 ETOH, SI and problem gambling
 - 70% endorsed gambling within past 12 months
 - 11% identified as '@risk' gamblers
 - (>\$100/bet or having bet > than they could afford to lose in past 12 months)
- Predictors for @risk gambling:
 - binge drinking, current PTSD Sxs, minority race/ethnicity &
 VA pt.
- Pts. w/mild moderate cognitive impairment equally likely as no cog impairment to gamble & report @ risk gambling behavior.
- At risk gambling not significantly associated w/ gender, current or past depression Sxs, or cigarette smoking.

California Problem Gambling Helpline Statistics 2016 Annual Report



Clients: 56-85+ yrs ● made helpline 553 calls



CCPG: California Problem Gambling Helpline Stats 2016 Annual Report

BDA Morneau Shepell

2016 CalGETS Statistics Services to Outpatient Gamblers

Age

	N	%
18 – 24	32	3.5
25 – 34	175	19.3
35 – 44	184	20.3
45 – 54	244	26.9
55 – 64	195	21.5
65 and older	77	8.5
Average Age	47.0	
Age Range	18 to 97	

<u>65+ 8.5%</u>

Total 30.0 % of services

Gambler Preferences

- Significant difference in gambling preferences ..
- 60% of seniors prefer slots to 10% gamblers ages 18-35
 - Enjoy the excitement & stimulation
 - Can play alone & don't need to know rules
- Prefer non-strategic forms of gambling (lottery, bingo)
- Patterns suggest ethnic differences in games preferred (Mahjong, Pai Gow Poker)
- Seniors seldom cite "winning money" as primary motivation for continued play, in comparison to younger gamblers

Video Case Study

RTW Productions, 2015

"Empty Spaces"

from RTW Productions, Inc.



What Motivates Older Adult Gamblers?

Gambler Motivation

- Combat loneliness
- Socialization/entertainment/fun
- Relieve tension
- Escape boredom/isolation
- Get away for the day
- Forget about problems
- Desire to win money
- Distraction from grief & loss
- Gambling for escape, particularly to avoid pain or dysphoric mood states

Risk Factors

- Sudden, devastating loss of financial security
- Decreased ability to recover from gambling losses
- Legal troubles
- Reduced cognitive capacity & decision-making
- Limited financial resources
 - fixed income/savings

- Potential compromise to Medicaid eligibility due to Medicaid "look back"
 - If sustain a large loss of income in past 5 years.
- May impact Medicaid funding for long-term care placement.

Risk Factors

- Social isolation
- Access to gambling venues
- Neurobiological vulnerabilities
- Limited knowledge and understanding of odds and probabilities
- "Gambler's fallacy" belief that persistent play will ultimately result in winning
- Collectively, sum of diverse factors heighten risk for development of problem gambling

Psychological Risk Factors

- Personality traits, coping styles, etc.
- Increased impulsivity and sensation seeking
- Deficits in coping strategies and problem solving abilities
- Emotional disturbances (worry, anxiety, tension, anger, feelings of being slighted, victimization, vulnerability to stress or low self-esteem & lack of optimism
- May also gamble more in an effort to ameliorate negative emotional states

Health Factors

- Poorer overall physical health status
- Heightened general health-related concerns
- Increased chronic medical conditions, heart disease /arthritis
- Obesity related conditions
- Substance use/abuse
- Carpal tunnel syndrome
- Dehydration
- Dry eyes from staring at screen
- Increased predisposition to urinary tract infections for females

Dementia, Parkinson Disease, ALS and Gambling

- Dementia various types, some preferentially impact executive fx.
 - Inability to synthesize information, abstraction & judgment, strategize & 'shift sets'
 - May have impaired sense of time .. gambling to extinction
 - Husband of 40 years developed BvFTD, leading to PG & institutionalization
- PD Meds: Mirapex (Pramipexole), Requip (Ropinirole), Neupro (Rotigotine)

https://www.psychologytoday.com/blog/iage/201402/dementia-and-gambling

Mental Health Issues

• Higher:

- Overall mental health-related concerns
- Scores on measures of family/social, medical, psychiatric and alcohol-related problems
- Levels of depression, paranoia, anxiety, PTSD & personality disorders
- Levels of overall psychological distress, increased loneliness, significantly less social support, lower selfesteem & less social integration
- The stress of gambling-related problems may exacerbate mood disorders & increased suicidality

The Big Picture





Casino Support/Enticements

- Free meals
- Comps/"goodies"
- Transportation
 - Bus
 - Wheelchairs/scooters
- Oxygen
- Receptacles for insulin needles
- Birthday remembrances

 Normalizing/invisibility of handicaps (no one notices)





Consumer Protection

Consumer Protection · Living on a Budget · Managing Debt · Saving & Investing · Taxes



The Casino Trap



As the gambling industry booms, aggressive marketing targets older patrons



by John Rosengren, AARP Bulletin, October 2016







Casinos use marketing ploys to target older patrons - and empty their wallets. - Mark Peterson/Redux



- In 2014, nearly 50 million casino visitors were age ≥ 50 yrs old
- Casinos earned > \$66 billion, much from older gamblers
- 1,400 tribal casinos across 40 states
- Seniors visit casinos during off-peak hours & receive perks
 - Discounted meals, free drinks, daytime "senior-focused" entertainment, marketing efforts timed to coincide with receipt of Social Security checks
- Slots biggest revenue producer & most popular attraction
 - 3/4 adults age <u>></u>65 yrs old identify slots & video poker as preferred gambling format
- "Manufactured kindness": High rollers receive b'day cards, weekly mailings w/ticket deals, free play vouchers, personal attention from a "VIP host" who 'befriends' them & receives a bonus based on their losses.
- Slots designed for older women who may "befriend" their machine.

Gray gambling: How gaming impacts seniors

By Michael De Groote **y** @degroote Published: July 10, 2014 4:20 a.m.



1 of 1

Michael De Groote, Deseret News

As more seniors gamble for fun, some are finding only trouble



Elderly gamblers work the slot machines at a parlor in Tioga Downs, near Nichols, N.Y. Bus trips from senior centers are a commonly offered form of entertainment.



What Causes Late Onset Problem Gambling?

Theoretical Framework

Research

Pathways to Late-Life Problematic Gambling in Seniors: A Grounded Theory Approach

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http://gerontologist.oxfordjournals.org/content/early/2013/10/03/geront.gnt107.full.pdf+html

Pathways to Late-Life Gambling in Seniors (2013)

- Study done in Australia , N = 31 participants
- Age range 56-85 (mean = 67 yrs); 22 females, 9 males
- 8 married, 5 widowed, 16 divorced/separated, 2 never married
- 25 retired, 6 FT/PT jobs
- Ethnicity: Australian, Yugoslavians, Greek, Turkish, Italian,

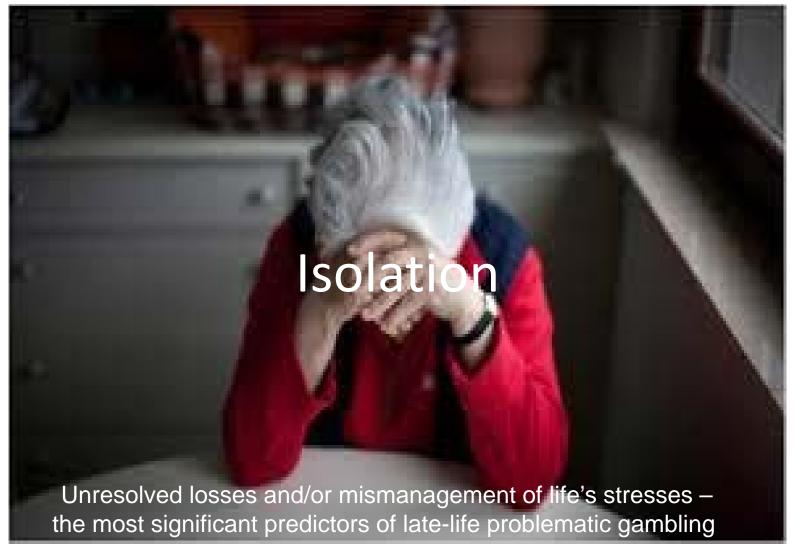
English, Dutch, Finnish, British

- All current or former gamblers recruited from the community
- 1 hr semi-structured interviews
 - Attention focused on key life events & turning points that coincided w/gambling onset or transition from no/regular to problem gambling.

Background: Pathways to Late-Life PG

- PG significantly associated with
 - gambling availability, accessibility, and participation,
 particularly of electronic gaming/slot machines
- Late-onset PG <----> escape from emotional distress
- Consequences likely more devastating than for younger adults
 - Restricted capacity to earn and replace lost income .. Cannot recover from fiscal losses
- Fundamental social process in generating PG vulnerability = process of becoming isolated
 - Could be both cause/precipitant of PG OR by-product of PG.

Late Onset Problem Gambling in Older Adults Begins with ...

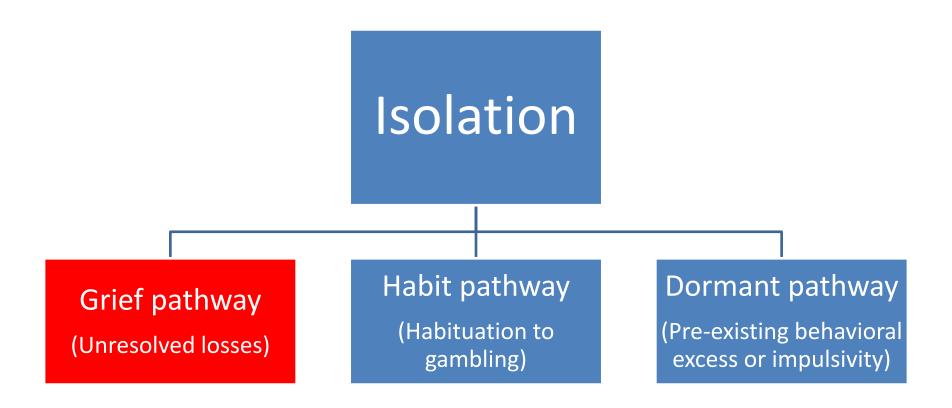


Key Constructs of Isolation

Table 1. Key Constructs of	f the Core Process of "Isolation	on," Supporting Codes, and Code Densities

Key constructs and density	Related codes and code density
Nobody there for you (68)	Gamble out of loneliness (13)
	Gamble to meet/be among people (13)
	Gambling as something you can do on your own without needing someone to be there with you (13)
	Lack of social support (9)
	Social/relationship conflicts (8)
	"Too strong"/strict self-reliance/fierce independence (8)
	Living behind a mask/"scratching the surface" (3)
	Fear of dying alone (1)
Nobody for you to be there for (16)	Feeling unneeded/sense of redundancy (6)
	Lack of purpose (5)
	Gambling-related experiences helped boost self-esteem (5)
Nothing much else to look	Gamble out of/to avoid boredom/nothing to do (11)
forward to (26)	Gambling provided something to look forward to (5)
	Misplacing hopes and dreams (4)
	Given up on life/done trying (4)
	Gambling problems as the least of one's concerns (2)
Gambling venues as places for the isolated to unite and belong (21)	Limited interests or difficulties being engaged in non-gambling-related activities (11)
	Not fitting in anywhere else/lack sense of belonging (8)
	Sense of shared purpose at gambling venues (2)
Gaming machines as the isolated's	Gamble to be left alone (6)
companions (8)	Difficulties enjoying others' company (2)
Work as previous distraction (37)	Work as a main hobby/favorite activity (14)
	Lack of hobbies (12)
	Work as the 'solution' to previous life stresses (11)
Gambling products enhanced the	Gambling helped to forget reality (19)
feeling of being isolated (32)	Feeling "hypnotized" or entranced by electronic gaming machines (10) Feeling of being in "another world"/unreal (3)

Pathways to Problem Gambling in Older Adults



Grief Pathway: Key Components

Unresolved losses	
Desire to avoid, minimize, or delay confrontation with losses	
Lack of opportunities to process and grieve losses/desire to quickly move on	
Gamble to forget/numb pain or create personal space	
Gambling-related experiences as relaxing/a respite/self-pampering	
Lack of alternative outlets and relief	
Sentimental attachments to gambling-related experiences rather likely among carers	s
Illusions of "giving" or dedicating to loved ones via gambling	
Raising awareness of underlying needs and triggering thoughts likely to be impactful	l

Grief Pathway: Entry

- Precipitated by substantial losses in various forms and degrees:
 - Illness striking a loved one or oneself
 - Death
 - Anger-provoking event
 - Conflicts causing anxiety and stress
 - "Hard life" .. Dysfunctional/abusive/unsatisfactory relationships
- Gambling triggers often situation specific, occurring circa precipitating gambling onset .. Thus, a new (maladaptive) coping style.
- Main catalysts = potent negative emotions
 - Chronic loneliness, despair, depression, panic, desperation & rage ..activated by certain thoughts, memories or experiences.

Grief Pathway: Progression

- Mismanagement or non-management of losses:
 - Gamble to avoid feeling emotionally overwhelmed/exhausted
 - Perpetuated by unresolved grief/loss due to
 - Lack of opportunities for grieving (self-imposed standards, social expectations, overload of responsibilities, etc.)
- Gambling outcomes were of little impact to gambler due to mood or affective trigger ..not seeking money, but coping with losses/grief
- Gambling involvement quite unimportant to these folks.

Grief Pathway: Perpetuation

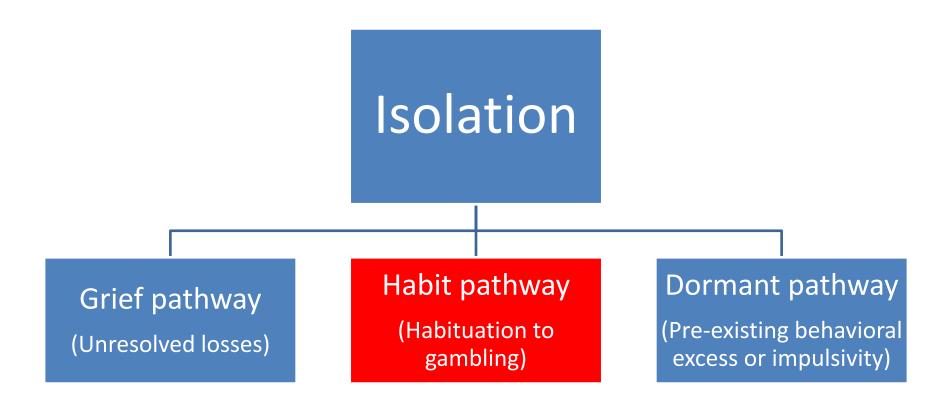
- Gamble to forget or avoid grief/loss or augment personal space
 - Folks generally gambled only when upset or needed alone time, so abstinent when no negative affect
 - Gambling driven by need to ameliorate psychic pain
 - Those on this pathway prefer the "company" of machines/gambling than human interaction
 - Wins did not motivate and losses did not deter gambling
 - Exacerbation of gambling behavior in presence of additional layer of secondary emotional needs
 - Ex: dedicated winnings to care recipient, internalizing winning experiences & friendly service, etc.
 - Further complicates the path trajectory

Interventions to Assist Terminating Pathway Trajectories

• Grief Pathway:

- Availability/accessibility of emotional support, opportunities for alternate outlets, & substituted forms of respite
- CBT for triggering thoughts, alter unhelpful belief systems & decrease inclination to link unrelated hopes/dreams to gambling
- Awareness of triggering thoughts/underlying needs & ability to relinquish losses, self-recovery may occur

Pathways to Problem Gambling in Older Adults



Habit Pathway: Key Components

Boredom/idleness/nothing to do Gambling provided fun/excitement/a change in routines Early wins/beginner's luck/"lucky feelings"/perception of an imminent win Chasing bigger wins/losses, waiting for lucky feelings to eventuate into actual wins Gambling becomes an accustomed activity Gambling perpetuation associated with an ingrained habit to gamble Unlearning of habitual reactions to boredom and idleness likely the key to this pathway's interruption/exit

Habit Pathway: Entry

- Subjectively Minor Unmet Needs
 - "good life" prior to gambling.. No major complaints
 - Adjustment-type issues ... missing previous responsibilities
 - Work
 - Times when one was needed (children/family/projects)
 - Insufficient "to do" items to occupy time/energy
 - Desire to get out of a rut & stir up routines
 - Need to try something new to maximize retirement
 - Empty- nester
 - Need for change of environment outside of home
 - Gambling venue easily accessible, safe & consistent

Habit Pathway: Progression

- Winnings/Luck Encouraged Further Gambling
 - Catalysts- BIG WINS/beginners luck
 - Fostered chasing bigger wins/losses
 - Allow lucky feelings to translate to wins
 - Motivated to win at gambling & gambling outcomes mattered.
 - Sought stimulating effects of gambling
 - More likely to stop if early gambling experiences were negative

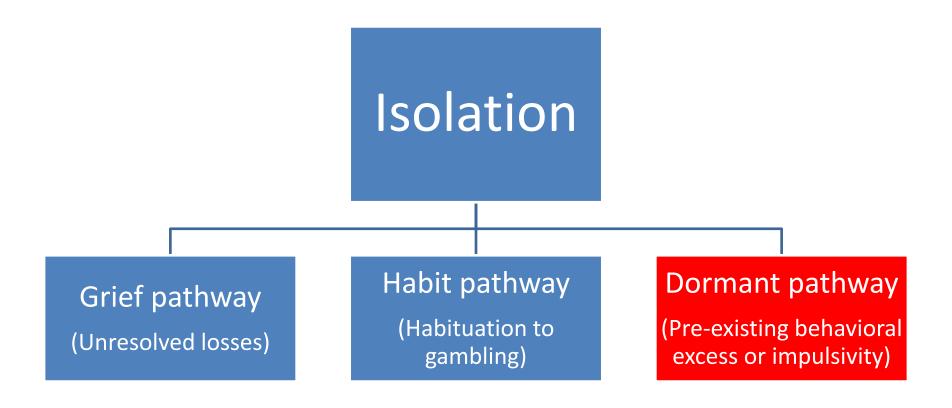
Habit Pathway: Perpetuation

- Gambling out of habit
 - Boredom/desire to leave house = initial motivation to gamble
 - Leaving house became "excuse" to gamble more
 - Became so accustomed to gambling that other opportunities were avoided due to gambling habit
 - Desire to chase losses and bigger wins intensified behavior
 - Complications secondary to gambling may arise and continue to sense of isolation

Interventions to Assist Terminating Pathway Trajectories

- Habit Pathway:
 - Unlearning conditioned responses to boredom/idle time & replacement of gambling w/alternative habits
 - Individuals in this pathway may more readily have a natural recovery than those in other pathways, as novelty of gambling may wear off and gambling decrease

Pathways to Problem Gambling in Older Adults



Dormant Pathway: Key Components

Preexisting comorbidities, especially obsessive-compulsive or addictive tendencies

Exposure to gambling facilities/products prompted vulnerabilities to be manifested

Gamble primarily for the sake of gambling

Emotional triggers not necessary for eliciting gambling urges but can exacerbate them

Experience "genuine" gambling urges and withdrawals

Alternative outlets for gambling urges seem promising

Likely to require treatment for comorbidities to assist with recovery

Dormant Pathway: Entry

- Existence of Co-morbidities
 - Pre-existing dispositions to:
 - "addictive personality", "obsessive-compulsive behaviors & outlook on life" or "addictive gene" due to family Hx of gambling/ETOH use.. All manifested only in later life
- Instant attraction/hook to gambling
 - Unsatisfied with small bets and often placed larger bets
 - Bigger risk takers/lower self-control
 - Hx of Poor/lacking coping strategies
 - Nicotine/ETOH to relax
 - Compulsive/non-productive behavior
- Greater vulnerability due to psychosocial Hx than other pathways

Dormant Pathway: Progression

- Gambling Behaviors Propelled by Co-morbidities
 - No unique trigger or external encouragements (beginner's luck) for elicitation of urges, but could be aggravated by these factors.
 - Due to presence of co-morbidities and Hx of other addictives behaviors
 - Triggered dormant vulnerabilities created a momentum of their own, so gambling progressed more rapidly than other pathways
 - These folks were isolated because other forms of outlets could not ease tension and offer satisfaction
 - These individuals felt a shared sense of purpose/community.

Dormant Pathway: Perpetuation

- Avoidance of Gambling-Related Withdrawals
 - Genuine gambling urges experienced by these folks
 - Gambling itself = main goal/reward
 - Less emphasis on secondary benefits (regulate emotions/chase wins-losses)
 - Physical withdrawal symptoms associated w/ gambling cessation/reduction – not associated w/other pathways
 - Shaking /trembling hands
 - Satisfy gambling-related urges to calm the mind from incessant gambling thoughts and minimize withdrawal symptoms

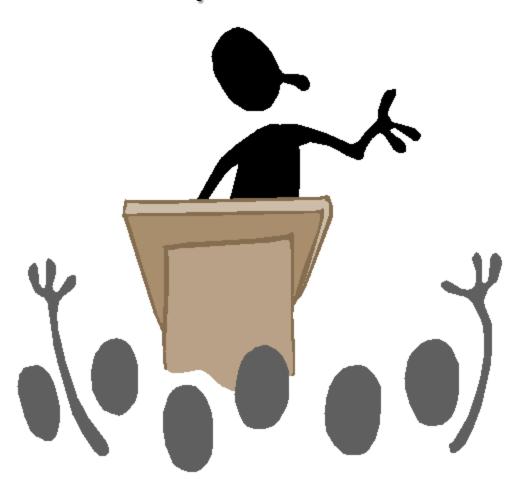
Interventions to Assist Terminating Pathway Trajectories

- Dormant Pathway:
 - Due to true gambling urges, clients may benefit from playing gambling simulation computer games to fulfill real gambling urges without \$ loss.
 - May be ineffective when multiple factors are at play
 - "Background" co-morbidities likely require intervention to avoid further perpetuation of pathway.
 Interventions will be more customized to individual needs and history.

Overall Pathway Interventions

 Intervention strategies may be more effective when appealing to sentiments than primarily focusing on altering cognitions.

Group Discussion



 $\underline{http://webclipart.about.com/gi/dynamic/offsite.htm?site=http://www.bitbetter.com/sales.htm}$

DESCRIPTION OF IMPACT OF GAMBLING ON MENTAL, SOCIAL, AND ECONOMIC HEALTH DIMENSIONS IN OLDER ADULTS RECOVERING FROM PATHOLOGICAL GAMBLING (N = 40)

Variable	n (%)
Mental Health	
Depression caused by gambling	25 (62.5)
Alcohol dependence	13 (32.5)
Treated for substance abuse problem	8 (20)
Social Health	
Others complained about their gambling	12 (30)
Missed work to gamble	9 (22.5)
Job loss due to gambling	6 (15)
Number of times married	
Once	23 (57.5)
Twice	11 (27.5)
Three or more times	5 (12.5)
Distance traveled to gamble	
Less than 10 miles	6 (15)
Between 10 and 50 miles	4 (10)
Between 51 and 250 miles	7 (17.5)
More than 250 miles	3 (7.5)

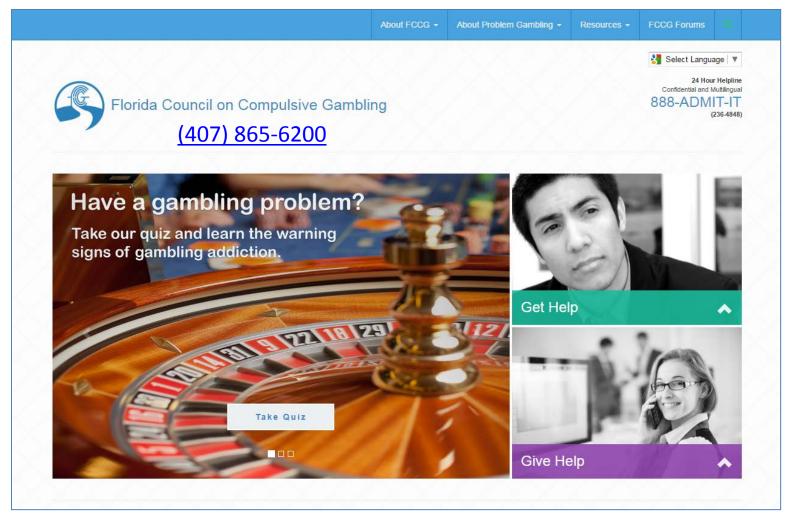
Impact of PG on Older Adults

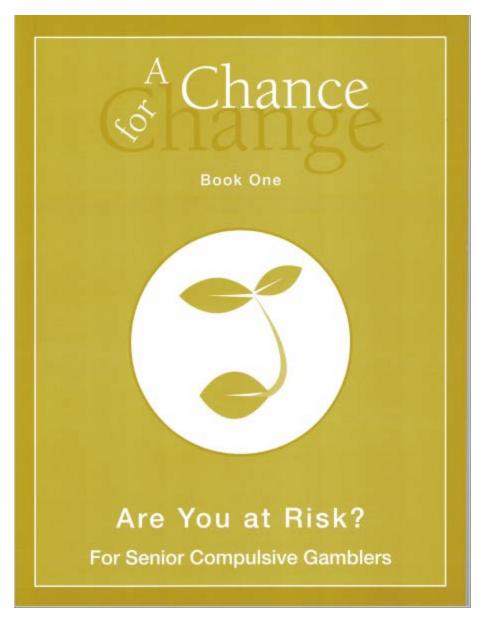
Significant findings

- Gambling caused depression
- Being fired from a job due to gambling
 Still paying off gambling debt

Kerber, C., et al. (2015). The impact of disordered gambling among older adults. Journal of Psychosocial Nursing, 53(10). 2015. pp 41-47.

Florida Council on Compulsive Gambling





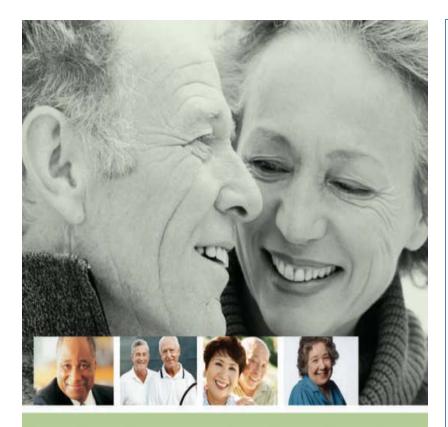
2004, 2016

Workbook Series

- 1 Are You at Risk?
- 2 Beginning the Process of Change
- 3 Creating & Maintaining Your Plan for Positive Change
- 4 Financial Problems & Solutions
- 5 Legal Problems & Solutions
- 6 Creating a New Life Plan
- 7 Motivating Yourself to Keep Going

2004, 2016

30-50 pages

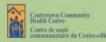


Betting on Older Adults:

A Problem Gambling Prevention
Clinical Manual for Service Providers







Funded by the Ontario Ministry of Health and Long-Term Care

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Questions & Comments Thank you!!



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